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COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/640,713	FILING DATE 08/18/2000 RULE	CLASS 250	GROUP ART UNIT 2878	ATTORNEY DOCKET NO. 000687.00129
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APPLICANTS

Ruola Ning, Penfield, NY ;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/166,223 11/18/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED ** 10/06/2000

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Blank Rome Comisky & McCauley LLP
 The Farragut Building
 900 17th Street N W
 Suite 1000
 Washington ,DC 20006

TITLE

Breast Imaging
 Apparatus and method for cone beam volume computed tomography mammography

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 6469

SERIAL NUMBER 09/640,713	FILING DATE 08/18/2000 RULE	CLASS 378	GROUP ART UNIT 2882	ATTORNEY DOCKET NO. 000687.00129
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APPLICANTS

Ruola Ning, Penfield, NY;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/166,223 11/18/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/06/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and
Acknowledged

Examiner's Signature

Initials

ADDRESS

27557

TITLE

APPARATUS AND METHOD FOR CONE BEAM VOLUME COMPUTED TOMOGRAPHY MAMMOGRAPHY

FILING FEE RECEIVED 1664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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